



**REDUCE PROJECT**

**Participant ID**

**Interview Date**

**THANK YOU FOR AGREEING TO PARTICIPATING IN THE REDUCE PROJECT. THE QUESTIONNAIRE IS IN FOUR SECTIONS. FIRSTLY, I WILL ASK YOU SOME QUESTIONS ABOUT YOU, YOUR INJECTING DRUG USE, YOUR SEXUAL BEHAVIOUR, YOUR KNOWLEDGE ABOUT HEPATITIS C AND THEN ABOUT YOUR MOOD.**

**SO, TO START WITH I AM GOING TO ASK YOU SOME QUESTIONS ABOUT YOUR AGE, LIVING ARRANGEMENTS, EDUCATION AND EMPLOYMENT.**

**DEMOGRAPHICS**

**1. How old are you (age at last birthday)?**  Years of age

**2. Who, if anyone, do you live with? (Read all options and mark relevant responses)**

Alone	<input type="checkbox"/> <sub>1</sub>
Husband/wife/partner	<input type="checkbox"/> <sub>1</sub>
Child/ren	<input type="checkbox"/> <sub>1</sub>
Friends/flatmates	<input type="checkbox"/> <sub>1</sub>
Other family members	<input type="checkbox"/> <sub>1</sub>

3. What is the highest level of education you have attained? (Please mark ONE response)

Primary School	<input type="checkbox"/> <sub>0</sub>
O grades/standard grades	<input type="checkbox"/> <sub>1</sub>
Secondary Higher(s)	<input type="checkbox"/> <sub>2</sub>
Technical certificate	<input type="checkbox"/> <sub>3</sub>
Degree	<input type="checkbox"/> <sub>4</sub>
Postgraduate (MSc/PhD)	<input type="checkbox"/> <sub>5</sub>
Other Specify	<input type="checkbox"/> <sub>6</sub>

4. What is your current employment situation? (Show prompt card and mark ONE response)

Paid employment	<input type="checkbox"/> <sub>1</sub>
Unemployed	<input type="checkbox"/> <sub>2</sub>
Sick leave	<input type="checkbox"/> <sub>3</sub>
Home maker	<input type="checkbox"/> <sub>4</sub>
Retired	<input type="checkbox"/> <sub>5</sub>
Disability benefit	<input type="checkbox"/> <sub>6</sub>
Other Specify	<input type="checkbox"/> <sub>7</sub>

5a. Have you ever lived in a hostel for the homeless, had no fixed abode or lived on the streets?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub> If no, skip to question 6

5b. Has this been in the last 6 months?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub>

**I AM NOW GOING TO ASK YOU SOME QUESTIONS ABOUT YOUR INJECTING DRUG USE  
(SCREENING QUESTIONS)**

6. Have you EVER injected drugs?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub> If no, reject

7. Have you injected in the last 6 months?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub> <b>If no, reject</b>

8. How old were you when you first injected drugs?

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Years of age

9. When did you last inject drugs?

m	m
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y	y	y	y
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10. In the last 6 months, which of the following drugs have you injected? **(Mark all that apply)**

Heroin


Amphetamine (speed)


Cocaine

Temazepam or valium

Heroin and cocaine together (speedball)

Body building drugs e.g. steroids

Crack

Other

**(specify)**

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11. In the last 6 months, which drug have you injected **most often**? **(Write in the name of the drug)**

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12. In how many of the last 6 months did you inject drugs? **(Write in the number of months)**

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13. In the months when you injected drugs how often on average did you inject them? **(Show prompt card and mark ONE response)**

1-3 times a month	<input type="checkbox"/> <sub>1</sub>
About once a week	<input type="checkbox"/> <sub>2</sub>
2 to 6 times a week	<input type="checkbox"/> <sub>3</sub>
Once a day	<input type="checkbox"/> <sub>4</sub>
2 to 3 times a day	<input type="checkbox"/> <sub>5</sub>
4 or more times a day	<input type="checkbox"/> <sub>6</sub>

14. Of all the needles and syringes that you have used to inject in the last 6 months, how many were new and unused (i.e. from a packet) on a scale of 0 to 10 (where 0 is none and 10 is all)?

0	1	2	3	4	5	6	7	8	9	10
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- 15a. In the past six months in what place did you most frequently inject? (Show prompt card and mark ONE response)

House/apartment/flat	<input type="checkbox"/> <sub>1</sub>
Parents' or family members home	<input type="checkbox"/> <sub>2</sub>
At a friend's place/acquaintance's place	<input type="checkbox"/> <sub>3</sub>
In a homeless hostel/shelter	<input type="checkbox"/> <sub>4</sub>
Prison/detention centre	<input type="checkbox"/> <sub>5</sub>
Vacant space/squat	<input type="checkbox"/> <sub>6</sub>
On the streets	<input type="checkbox"/> <sub>7</sub>
Injecting room	<input type="checkbox"/> <sub>8</sub>
Other	<input type="checkbox"/> <sub>9</sub>
Specify	

- 15b. In the past 6 months, did you inject in any other of these places? (Show prompt card and mark ALL that apply)

	Yes	No
House/apartment/flat	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Parents' or family members home	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
At a friend's place/acquaintance's place	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
In a homeless hostel/shelter	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

Prison/detention centre	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Vacant space/squat	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
On the streets	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Injecting room	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
<b>Specify</b>		

**16a. In the past six months when you injected how many times did you inject...**

	Every time	Most of the time	Half of the time	Some of the time	rarely	never
i) Alone	<input type="checkbox"/> <sub>5</sub> If 'every time' skip to question 17a	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
ii) With one other person	<input type="checkbox"/> <sub>5</sub> If 'every time' skip to question 16c	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
iii) With more than one person	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

**16b. If answered other than never for item iii) above, specify how many people**

**16c. Who was this person MOST of the time? (Show prompt card and mark ONE response).**

Your boyfriend/girlfriend, spouse, regular sex partner	<input type="checkbox"/> <sub>1</sub>
A family member	<input type="checkbox"/> <sub>2</sub>
A close friend	<input type="checkbox"/> <sub>3</sub>
An acquaintance	<input type="checkbox"/> <sub>4</sub>
Your dealer	<input type="checkbox"/> <sub>5</sub>
Someone you don't know	<input type="checkbox"/> <sub>6</sub>
Other (please specify)	<input type="checkbox"/> <sub>7</sub>

16d. In the past 6 months, which other person/people did you inject with? (Show prompt card and mark ALL relevant responses)

	YES	NO
Your boyfriend/girlfriend, spouse, regular sex partner	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
A family member	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
A close friend	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
An acquaintance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Your dealer	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Someone you don't know	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Other (please specify)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

17a. Have you EVER injected with a needle/syringe that had already been used by someone else (including your partner)?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub> If no, skip to question 20a

17b. In the last 6 months, how many times have you injected with a needle/syringe that had already been used by someone else? (Please write in the number of times).

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**17c. In the last 6 months, why did you use a needle/syringe that had already been used by someone else? (Please read and mark a response for EACH statement)**

	<b>No</b>	<b>Yes</b>
i. You were in withdrawal	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
ii. You knew the person	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
iii. You were unable to inject without help	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
iv. It was impossible to refuse the equipment from that person	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
v. You did not think it was risky	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
vi. You did not think the other person had an infection (i.e. hepatitis C, HIV/AIDS)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
vii. You have the same infection as the other person (i.e. hepatitis C, HIV/AIDS)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
viii. There were no sterile needles/syringes available	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
ix. You were too high/stoned/wasted	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
x. Other – specify	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>

**17d. What was the main reason? (Please write in) \_\_\_\_\_**

**17e. Whose used needles/syringes did you inject with MOST of the time in the last 6 months? (Show prompt card and mark ONE response).**

Your boyfriend/girlfriend, spouse, regular sex partner	<input type="checkbox"/> <sub>1</sub>
A family member	<input type="checkbox"/> <sub>2</sub>
A close friend	<input type="checkbox"/> <sub>3</sub>
An acquaintance	<input type="checkbox"/> <sub>4</sub>
Your dealer	<input type="checkbox"/> <sub>5</sub>
Someone you don't know	<input type="checkbox"/> <sub>6</sub>
Other (please specify)	<input type="checkbox"/> <sub>7</sub>

17f. In the past 6 months, who else’s used needle/syringe did you inject with?

(Show prompt card and mark a response for EACH statement)

	YES	NO
Your boyfriend/girlfriend, spouse, regular sex partner	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
A family member	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
A close friend	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
An acquaintance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Your dealer	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Someone you don’t know	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Other (please specify)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

18a. Have you:

	No	Yes
i) <b>Ever shared needles/syringes with someone you knew had Hepatitis C?</b>	<input type="checkbox"/> <sub>0</sub> If no, skip to question 19	<input type="checkbox"/> <sub>1</sub>
ii) <b>In the last 6 months shared needles/syringes with someone you knew had Hepatitis C?</b>	<input type="checkbox"/> <sub>0</sub> If no, skip to question 19	<input type="checkbox"/> <sub>1</sub>

18b. Who was this person most of the time? (Show prompt card and mark ONE response).

Your boyfriend/girlfriend, spouse, regular sex partner	<input type="checkbox"/> <sub>1</sub>
A family member	<input type="checkbox"/> <sub>2</sub>
A close friend	<input type="checkbox"/> <sub>3</sub>
An acquaintance	<input type="checkbox"/> <sub>4</sub>
Your dealer	<input type="checkbox"/> <sub>5</sub>
Someone you don’t know	<input type="checkbox"/> <sub>6</sub>
Other (please specify)	<input type="checkbox"/> <sub>7</sub>



18c. With what other person/people who you knew was/were hepatitis C positive did you share needles/syringes? (Show prompt card and mark a response for EACH statement).

	YES	NO
Your boyfriend/girlfriend, spouse, regular sex partner	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
A family member	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
A close friend	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
An acquaintance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Your dealer	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Someone you don't know	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Other (please specify)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

19. In the last 6 months, from how many different people, in total, have you received used needles/syringes (including your partner)? Please write in the number.

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20a. In the last 6 months, to how many different people, in total, have you passed on used needles/syringes (including your partner)? Please write in the number.

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20b To whom did you pass your used needles/syringes to MOST of the time in the past 6 months? (Show prompt card and mark ONE response).

Your boyfriend/girlfriend, spouse, regular sex partner	<input type="checkbox"/> <sub>1</sub>
A family member	<input type="checkbox"/> <sub>2</sub>
A close friend	<input type="checkbox"/> <sub>3</sub>
An acquaintance	<input type="checkbox"/> <sub>4</sub>
Your dealer	<input type="checkbox"/> <sub>5</sub>
Someone you don't know	<input type="checkbox"/> <sub>6</sub>

Other (please specify)	<input type="checkbox"/> 7
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20c. In the past 6 months, have you passed on your needles/syringes to any other person/people? (Show prompt card and mark a response for EACH statement).

	YES	NO
Your boyfriend/girlfriend, spouse, regular sex partner	<input type="checkbox"/> 1	<input type="checkbox"/> 0
A family member	<input type="checkbox"/> 1	<input type="checkbox"/> 0
A close friend	<input type="checkbox"/> 1	<input type="checkbox"/> 0
An acquaintance	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Your dealer	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Someone you don't know	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Other (please specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 0

21a. Have you EVER injected with the same needle/syringe more than once before discarding it?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 0 If no, skip to question 22a

21b. In the last 6 months, how many times on average did you use the same needle/syringe before discarding it? (Read aloud and mark ONE response)

Never	<input type="checkbox"/> 0
Once or twice	<input type="checkbox"/> 1
3 – 5 times	<input type="checkbox"/> 2
More than 5 times	<input type="checkbox"/> 3

22a. Have you EVER injected with a used needle/syringe that you were not sure was not your own?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 0 If no, skip to question 23

22b. In the last 6 months, how many times did you inject with a used needle/syringe that you were not sure was your own? (Read aloud and mark ONE response).

Never	<input type="checkbox"/> 0
Once or twice	<input type="checkbox"/> 1
3 – 5 times	<input type="checkbox"/> 2

6-19 times	<input type="checkbox"/> <sub>3</sub>
20 or more times	<input type="checkbox"/> <sub>4</sub>

23. Have you...

	No	Yes
i) <b>Ever</b> used spoons or containers for mixing which had previously been used by someone else?	<input type="checkbox"/> <sub>0</sub> If no, skip to question 24	<input type="checkbox"/> <sub>1</sub>
ii) <b>In the last 6 months</b> used spoons or containers for mixing which had previously been used by someone else?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>

24. Have you...

	No	Yes
i) <b>Ever</b> used filters which had previously been used by someone else	<input type="checkbox"/> <sub>0</sub> If no, skip to question 25a	<input type="checkbox"/> <sub>1</sub>
ii) <b>In the last 6 months</b> used filters which had previously been used by someone else	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>

25a. Have you...

	No	Yes
i) <b>Ever</b> prepared drugs or rinsed your works with water that had already been used by someone else?	<input type="checkbox"/> <sub>0</sub> If no, skip to question 26a	<input type="checkbox"/> <sub>1</sub>
ii) <b>In the last 6 months</b> prepared drugs or rinsed your works with water that had already been used by someone else?	<input type="checkbox"/> <sub>0</sub> If no, skip to question 26a	<input type="checkbox"/> <sub>1</sub>

**INTERVIEWER NOTE: If NO to q23ii AND q24ii AND q25Aii then skip to question 26a**

25b. In the past 6 months, why did you use this previously used equipment and/or water to prepare your drugs? (Read each statement and mark yes or no for EACH one).

	No	Yes
i. You were in withdrawal	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
ii. You knew the person	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
iii. You were unable to inject without help	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
iv. It was impossible to refuse the equipment from that person	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
v. You did not think it was risky	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
vi. You did not think the other person had an infection (i.e. hepatitis C, HIV/AIDS)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>

	No	Yes
vii. You have the same infection as the other person (i.e. hepatitis C, HIV/AIDS)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
viii. There were no sterile needles/syringes available	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
ix. You were too high/stoned/wasted	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
x. Other – specify	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>

25c. What was the main reason? (please write in) \_\_\_\_\_

26a. Have you...

	No	Yes
i) <u>Ever</u> used an alcohol swab when you injected drugs <u>before</u> the injection?	<input type="checkbox"/> <sub>0</sub> If no, skip to question 26b	<input type="checkbox"/> <sub>1</sub>
ii) <u>In the last 6 months</u> used an alcohol swab when you injected drugs <u>before</u> the injection?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>

26b. Have you...

	No	Yes
i) <u>Ever</u> used an alcohol swab when you injected drugs <u>after</u> the injection?	<input type="checkbox"/> <sub>0</sub> If no, skip to question 27a	<input type="checkbox"/> <sub>1</sub>
ii) <u>In the last 6 months</u> used an alcohol swab when you injected drugs <u>after</u> the injection?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>

27a. Have you...

	No	Yes
i) <u>Ever</u> shared filters, spoons, cookers or water with someone you knew had Hepatitis C?	<input type="checkbox"/> <sub>0</sub> If no, skip to question 28a	<input type="checkbox"/> <sub>1</sub>
ii) <u>In the last 6 months</u> shared filters, spoons, cookers or water with someone you knew had Hepatitis C?	<input type="checkbox"/> <sub>0</sub> If no, skip to question 28a	<input type="checkbox"/> <sub>1</sub>

27b. Who was this person MOST of the time? (Show prompt card and mark ONE response).

Your boyfriend/girlfriend, spouse, regular sex partner	<input type="checkbox"/> <sub>1</sub>
A family member	<input type="checkbox"/> <sub>2</sub>
A close friend	<input type="checkbox"/> <sub>3</sub>
An acquaintance	<input type="checkbox"/> <sub>4</sub>
Your dealer	<input type="checkbox"/> <sub>5</sub>
Someone you don't know	<input type="checkbox"/> <sub>6</sub>
Other (please specify)	<input type="checkbox"/> <sub>7</sub>

27c. In the past 6 months, have you shared filters, spoons, cookers or water with any other person/people whom you knew had hepatitis C? (show prompt card and mark a response to EACH statement).

	YES	NO
Your boyfriend/girlfriend, spouse, regular sex partner	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
A family member	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
A close friend	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
An acquaintance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Your dealer	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Someone you don't know	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Other (please specify)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

**NOW I'D LIKE TO ASK YOU A FEW QUESTIONS ABOUT SHARING DRUGS**

28a. In the past 6 months, did you...

	No	Yes
i) share a drug with another person <u>before</u> preparing it, that is, divide up the drug in powder form?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
ii) share a drug with another person <u>after</u> preparing it, that is after adding water to make it into a solution?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
<b>If "no" to both items, go to 29a</b>		

28b. Who did you share a drug with after preparing it MOST of the time? (Show prompt card and mark ONE response).

Your boyfriend/girlfriend, spouse, regular sex partner	<input type="checkbox"/> <sub>1</sub>
A family member	<input type="checkbox"/> <sub>2</sub>
A close friend	<input type="checkbox"/> <sub>3</sub>
An acquaintance	<input type="checkbox"/> <sub>4</sub>
Your dealer	<input type="checkbox"/> <sub>5</sub>
Someone you don't know	<input type="checkbox"/> <sub>6</sub>
Other (please specify)	<input type="checkbox"/> <sub>7</sub>

28c. In the past 6 months, did you share a drug with any other person/people after preparing it? (show prompt card and mark a response to EACH statement).

	YES	NO
Your boyfriend/girlfriend, spouse, regular sex partner	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
A family member	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
A close friend	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
An acquaintance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Your dealer	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Someone you don't know	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Other (please specify)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

28d. In the past 6 months, when you shared drugs at the same time with somebody else, were you able to.... (Read all statements and mark the relevant responses for each one).

	Every time	Most of the time	Half of the time	Some of the time	rarely	never
a. Take the initiative of preparing the drugs	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
b. Refuse to inject because you believed the drugs were prepared unsafely	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

	Every time	Most of the time	Half of the time	Some of the time	rarely	never
c. Make sure drug preparation and injection was done safely	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
d. Use drugs without feeling obliged to share equipment	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
e. Tell your injecting partner how to prepare the drug and inject safely	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
f. Declare your hepatitis C status before lending or borrowing injecting equipment	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
g. Share equipment with only those whose HIV or HCV status is the same as yours	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

29a. In the past six months, how many times did someone help you inject? (read aloud and mark ONE response).

Never	<input type="checkbox"/> <sub>0</sub> If never, skip to question 30
Once	<input type="checkbox"/> <sub>1</sub>
2-10 times	<input type="checkbox"/> <sub>2</sub>
More than 10 times	<input type="checkbox"/> <sub>3</sub>

29b. Who was this person MOST of the time? (Show prompt card and mark ONE response).

Your boyfriend/girlfriend, spouse, regular sex partner	<input type="checkbox"/> <sub>1</sub>
A family member	<input type="checkbox"/> <sub>2</sub>
A close friend	<input type="checkbox"/> <sub>3</sub>
An acquaintance	<input type="checkbox"/> <sub>4</sub>
Your dealer	<input type="checkbox"/> <sub>5</sub>
Someone you don't know	<input type="checkbox"/> <sub>6</sub>
Other (please specify)	<input type="checkbox"/> <sub>7</sub>

29c. In the past 6 months, did any other person/people help you to inject? (show prompt card and mark a response to EACH statement).

	YES	NO
Your boyfriend/girlfriend, spouse, regular sex partner	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
A family member	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
A close friend	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
An acquaintance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Your dealer	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Someone you don't know	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
Other (please specify)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

**NOW I'D LIKE TO ASK YOU A FEW QUESTIONS ABOUT ANY TIME YOU MAY HAVE SPENT IN PRISON OR A YOUNG OFFENDER'S INSTITUTION SINCE YOU FIRST INJECTED DRUGS**

30. How many times have you been in prison (or a young offender's institution) since you first injected drugs? Write the number in the box below.

If 0 times, skip to question 35

31. Did you ever inject drugs when you were in prison (or a young offender's institution)?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub> If no, skip to question 35

32. Did you inject drugs in prison in the last 6 months?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub> If no, skip to question 35

33. When you injected drugs in prison (or a young offender's institution) did you ever use a needle/syringe that had already been used by a fellow prisoner?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub>
Don't know	<input type="checkbox"/> <sub>3</sub>



34. When you injected drugs in prison (or a young offender's institution) in the last 6 months did you use a needle/syringe that had already been used by a fellow prisoner?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub>
Don't know	<input type="checkbox"/> <sub>3</sub>

**NOW I'D LIKE TO ASK YOU ABOUT YOUR USE OF NEEDLE EXCHANGE PROGRAMMES/SERVICES**

35. Have you ever gone to a needle/syringe exchange programme?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub> If no please write in the reason in the box below
Reason:	
<a href="#">Now, skip to question 38</a>	

36. In an average week during the last 6 months did you obtain any of the following from a needle/syringe exchange? (Read each statement and mark ALL with yes or no)

	No	Yes
a) Needles/syringes	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
b) Filters	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
c) Spoons/cookers	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
d) Water ampoules	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
e) Citric acid or Vit c sachets	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
f) Wipes/swabs	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
g) Sharps bins	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>

37. In the past 6 months what proportion of the following injecting equipment you used did you obtain from a needle/syringe exchange programme? **Read all and mark the relevant answer for EACH ITEM**

	None	About a quarter (1-25%)	About a half (50%)	Between a half and three quarters (50-75%)	More than three quarters (75-100%)
a. Needles/syringes	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Filters	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Cookers/spoons	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. Water ampoules	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
E Citric acid or Vit C sachets	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
F Wipes/Swabs	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
G Sharps bins	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

38. In the past six months from whom or where did you get new needles/syringes? **(Read each item and mark a response for EACH one).**

	No	Yes
a) In a shooting gallery	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
b) A hospital	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
c) A medical clinic	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
d) A pharmacy exchange	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
e) An outline/mobile/other exchange	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
f) An injecting room	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
g) Boyfriend/girlfriend/spouse/regular sex partner	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
h) A close friend	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
i) An acquaintance	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
j) Someone you don't know	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>

**I'D NOW LIKE TO ASK YOU A FEW QUESTIONS ABOUT HEPATITIS C**

**39. Have you ever had a hepatitis C test?**

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub> If no, skip to sexual risk questionnaire
Don't know	<input type="checkbox"/> <sub>3</sub> If don't know, skip to sexual risk questionnaire

**40. In which year did you last have a hepatitis C test?**

				Please fill in the year only, eg, 2008
--	--	--	--	--

**41. Would you mind telling me the result of your last test? (Please mark ONE of the options below)**

Have hepatitis C	<input type="checkbox"/> <sub>1</sub>
Did not have hepatitis C	<input type="checkbox"/> <sub>0</sub>
Awaiting result	<input type="checkbox"/> <sub>2</sub>
Did not get result	<input type="checkbox"/> <sub>3</sub>
Do not want to say	<input type="checkbox"/> <sub>4</sub>
Don't know	<input type="checkbox"/> <sub>5</sub>

**NOW I'D LIKE TO ASK YOU A FEW QUESTIONS ABOUT YOUR SEXUAL BEHAVIOURS AND ABOUT YOUR EXPERIENCES IN ADULT INTIMATE RELATIONSHIPS. BY ADULT INTIMATE RELATIONSHIP, WE MEAN A HUSBAND, PARTNER OR BOY/GIRLFRIEND FOR LONGER THAN ONE MONTH.**

**1. Have you ever been in an adult intimate relationship (Since you were 16 years of age)?**

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub> If no, skip to Q1 on hepatitis C knowledge on page 25

**2. Are you currently in a relationship?**

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub> If no, go to Q13

**3. Is your current partner male or female?**

Male	<input type="checkbox"/> <sub>1</sub>
Female	<input type="checkbox"/> <sub>0</sub>

4. How long have you been in your current relationship?

Less than 1 month	<input type="checkbox"/> <sub>1</sub>
1-5 months	<input type="checkbox"/> <sub>2</sub>
6 -12 months	<input type="checkbox"/> <sub>3</sub>
13 – 24 months	<input type="checkbox"/> <sub>4</sub>
25 – 36 months	<input type="checkbox"/> <sub>5</sub>
37 – 60 months	<input type="checkbox"/> <sub>6</sub>
More than 60 months	<input type="checkbox"/> <sub>7</sub>

5. Has your current partner? ....

	Yes	No	Don't Know
i) <u>Ever</u> had a problem with alcohol?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>3</sub>
ii) <u>Ever</u> injected drugs?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>3</sub>
iii) <u>Ever</u> been infected with hepatitis C?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>3</sub>

6. Have you had sexual intercourse with your current partner /husband /wife/ girlfriend/boyfriend in the last 6 months?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub> <b>If no, Go to Q8</b>
Refused to answer	<input type="checkbox"/> <sub>3</sub>

7. How often did you use condoms when having vaginal sex with your current partner(s) in the last 6 months?

Never	Some of the time	Half of the time	Most of the time	Every time	Not applicable
<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>

8. Have you had sexual intercourse with any other partner(s)/people in the last 6 months (other than your current partner)?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub> <b>If no, Go to Q11</b>
Refused to answer	<input type="checkbox"/> <sub>3</sub>

9. Have any of these other people paid you in money, drugs, or other things to perform sexual acts or have sexual intercourse with them in the past 6 months?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub>
Refused to answer	<input type="checkbox"/> <sub>3</sub>

10. How often did you use condoms when having vaginal sex with any other partner(s)/people in the last 6 months?

Never	Some of the time	Half of the time	Most of the time	Every time	Not applicable
<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>

11. Have you had anal sex in the last 6 months?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub> <b>If no, Go to Q24</b>
Not applicable	<input type="checkbox"/> <sub>8</sub> <b>Go to Q24</b>
Refused to answer	<input type="checkbox"/> <sub>3</sub> <b>Go to Q24</b>

12. How often did you use condoms when having anal sex in the last 6 months?

Never	Some of the time	Half of the time	Most of the time	Every time	Not applicable
<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>

**ON COMPLETION OF Q12 PLEASE GO TO Q24. Q13-23 ARE FOR PARTICIPANTS NOT CURRENTLY IN A RELATIONSHIP.**

13. When did your most recent relationship end?

Less than 1 month ago	<input type="checkbox"/> <sub>1</sub>
1-5 months ago	<input type="checkbox"/> <sub>2</sub>
6 -12 months ago	<input type="checkbox"/> <sub>3</sub>
13 – 24 months ago	<input type="checkbox"/> <sub>4</sub>
25 – 36 months ago	<input type="checkbox"/> <sub>5</sub>
37 – 60 months ago	<input type="checkbox"/> <sub>6</sub>
More than 60 months ago	<input type="checkbox"/> <sub>7</sub>

14. How long did your most recent relationship last?

Less than 1 month	<input type="checkbox"/> <sub>1</sub>
1-5 months	<input type="checkbox"/> <sub>2</sub>
6 -12 months	<input type="checkbox"/> <sub>3</sub>
13 – 24 months	<input type="checkbox"/> <sub>4</sub>
25 – 36 months	<input type="checkbox"/> <sub>5</sub>
37 – 60 months	<input type="checkbox"/> <sub>6</sub>
More than 60 months	<input type="checkbox"/> <sub>7</sub>

15. Was your most recent partner? ....

Male	<input type="checkbox"/> <sub>1</sub>
Female	<input type="checkbox"/> <sub>0</sub>

16. Did your most recent partner? ....

	Yes	No	Don't Know
i) <u>Ever</u> had a problem with alcohol?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>3</sub>
ii) <u>Ever</u> injected drugs?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>3</sub>
iii) <u>Ever</u> been infected with hepatitis C?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>3</sub>

17. In the last 6 months of your most recent relationship, did you have sexual intercourse with your partner /husband /wife/ girlfriend/boyfriend?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub> <b>If no, Go to Q19</b>
Refused to answer	<input type="checkbox"/> <sub>3</sub>

18. How often did you use condoms when having vaginal sex with your most recent partner(s) in the last 6 months of your relationship?

Never	Some of the time	Half of the time	Most of the time	Every time	Not applicable
<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>

19. Have you had sexual intercourse with anyone other (than your most recent partner) in the last 6 months?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub> <b>If no, Go to Q22</b>
Refused to answer	<input type="checkbox"/> <sub>3</sub>

20. Did any of these other people paid you in money, drugs, or other things to perform sexual acts or have sexual intercourse with them in the past 6 months?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub>
Refused to answer	<input type="checkbox"/> <sub>3</sub>

21. How often did you use condoms when having vaginal sex with anyone other than your most recent partner(s) in the last 6 months?

Never	Some of the time	Half of the time	Most of the time	Every time	Not applicable
<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>

22. Have you had anal sex in the last 6 months?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub> <b>If no, Go to Q24</b>
Not applicable	<input type="checkbox"/> <sub>8</sub> <b>Go to Q24</b>
Refused to answer	<input type="checkbox"/> <sub>3</sub> <b>If no, Go to Q24</b>

23. How often did you use condoms when having anal sex in the last 6 months?

Never	Some of the time	Half of the time	Most of the time	Every time	Not applicable
<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>

24. What is your usual form of contraception/birth control?

None	<input type="checkbox"/> <sub>0</sub>
Condoms	<input type="checkbox"/> <sub>1</sub>
Contraceptive pill	<input type="checkbox"/> <sub>2</sub>
Contraceptive implant	<input type="checkbox"/> <sub>3</sub>
Coil/IUD	<input type="checkbox"/> <sub>4</sub>
Partner has had vasectomy	<input type="checkbox"/> <sub>5</sub>
I have been sterilised	<input type="checkbox"/> <sub>6</sub>
Other	<input type="checkbox"/> <sub>7</sub>

25. Have you ever been afraid of any partner?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>0</sub> <b>Read introduction text in red before Q27</b>
Refused to answer	<input type="checkbox"/> <sub>3</sub> <b>Read introduction text in red before Q27</b>

26. Are/ were you afraid of your current or most recent partner? (please tick all that apply)

Yes afraid of current partner	<input type="checkbox"/> <sub>1</sub>
Yes afraid of most recent partner	<input type="checkbox"/> <sub>2</sub>
No not afraid of either current or most recent partner	<input type="checkbox"/> <sub>0</sub>
Refused to answer	<input type="checkbox"/> <sub>3</sub>

**WE WOULD LIKE TO KNOW IF YOU EXPERIENCED ANY OF THE ACTIONS LISTED BELOW/ THAT I AM GOING TO READ OUT TO YOU AND HOW OFTEN IT HAPPENED DURING THE PAST TWELVE MONTHS. IF YOU WERE NOT WITH A PARTNER IN THE PAST TWELVE MONTHS, COULD YOU PLEASE ANSWER FOR THE LAST PARTNER THAT YOU HAD. PLEASE CIRCLE THE NUMBER, WHICH MATCHES THE FREQUENCY, OVER A 12-MONTH PERIOD, THAT IT HAPPENED TO YOU**

**Q27.**

Actions	How often it happened					
	Never	Only Once	Several Times	Once/ Month	Once/ Week	Daily
1. Told me that I wasn't good enough	0	1	2	3	4	5
2. Kept me from medical care	0	1	2	3	4	5
3. Followed me	0	1	2	3	4	5
4. Tried to turn my family, friends and children against me	0	1	2	3	4	5
5. Locked me in the bedroom	0	1	2	3	4	5
6. Slapped me	0	1	2	3	4	5
7. Raped me	0	1	2	3	4	5
8. Told me that I was ugly	0	1	2	3	4	5
9. Tried to keep me from seeing or talking to my family	0	1	2	3	4	5
10. Threw me	0	1	2	3	4	5
11. Hung around outside my house	0	1	2	3	4	5
12. Blamed me for causing their violent behaviour	0	1	2	3	4	5
13. Harassed me over the telephone	0	1	2	3	4	5
14. Shook me	0	1	2	3	4	5
15. Tried to rape me	0	1	2	3	4	5
16. Harassed me at work	0	1	2	3	4	5
17. Pushed, grabbed or shoved me	0	1	2	3	4	5
18. Used a knife or gun or other weapon	0	1	2	3	4	5
19. Became upset if dinner/housework wasn't done when they thought it should be	0	1	2	3	4	5
20. Told me that I was crazy	0	1	2	3	4	5
21. Told me that no one would ever want me	0	1	2	3	4	5
22. Took my wallet and left me stranded	0	1	2	3	4	5
23. Hit or tried to hit me with something	0	1	2	3	4	5
24. Did not want me to socialize with my female friends	0	1	2	3	4	5
25. Put foreign objects in my vagina	0	1	2	3	4	5
26. Refused to let me work outside the home	0	1	2	3	4	5
27. Kicked me, bit me or hit me with a fist	0	1	2	3	4	5
28. Tried to convince my friends, family or children that I was crazy	0	1	2	3	4	5
29. Told me that I was stupid	0	1	2	3	4	5
30. Beat me up	0	1	2	3	4	5



**NOW I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT HOW YOU THINK HEPATITIS C CAN BE TRANSMITTED.**

**1. How would you describe your understanding about how the hepatitis C virus is transmitted?**

<sub>0</sub> Poor      <sub>1</sub> Fair      <sub>2</sub> Good      <sub>3</sub> Excellent

**PLEASE ANSWER IF YOU THINK THE FOLLOWING STATEMENTS ABOUT HEPATITIS C TRANSMISSION ARE TRUE (TRUE), FALSE (FALSE) OR IF YOU DON'T KNOW WHETHER THEY ARE TRUE OR FALSE (DON'T KNOW).**

		<b><u>TRUE</u></b>	<b><u>FALSE</u></b>	<b><u>DON'T KNOW</u></b>
<b>2.</b>	People with hepatitis C can safely share their toothbrushes and razors with other people.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
<b>3.</b>	There exists a hepatitis C vaccine that can be used to prevent people from getting infected with hepatitis C.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
<b>4.</b>	Coughing and sneezing can spread hepatitis C.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
<b>5.</b>	Hepatitis C can be spread from shared kitchen cups, plates or utensils.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
<b>6.</b>	Once someone's hepatitis C virus has been completely treated and cleared, one <u>cannot</u> get re-infected with hepatitis C.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
<b>7.</b>	People can get infected with hepatitis C from tattoos and body piercings.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
<b>8.</b>	Hepatitis C can be given by hugs, handshakes or holding hands.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
<b>9.</b>	People can get more than one type of hepatitis C.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
<b>10.</b>	Hepatitis C usually enters the body through blood of another person.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
<b>11.</b>	A single or one time exposure is not enough to contract hepatitis C - people usually are infected only if they have been exposed to the hepatitis C virus many times.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
<b>12.</b>	No more than a tiny amount of blood (so small that it can't be seen) is needed to pass on hepatitis C.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
<b>13.</b>	People can only get hepatitis C if they have HIV.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
<b>14.</b>	People can get hepatitis C through needle stick injuries.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>

		<b><u>TRUE</u></b>	<b><u>FALSE</u></b>	<b><u>DON'T KNOW</u></b>
15.	People can get the hepatitis C virus from a toilet seat.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
16.	Hepatitis C can be spread by mosquitoes or other insects.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
17.	People can get hepatitis C by donating blood.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
18.	People are at high risk of getting hepatitis C through contact with saliva, tears, sweat, or urine of a person infected with hepatitis C.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
19.	Hepatitis C can be transmitted by food.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
20.	Hepatitis C can be spread through the air in an enclosed environment (e.g. crowded buses, elevators).	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
21.	People who look and feel healthy and have no clear signs of hepatitis C (e.g. jaundice/yellow skin) <u>cannot</u> transmit hepatitis C.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
22.	There is some risk that hepatitis C can be given to someone by snorting cocaine with shared straws, rolled money, etc.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
23.	Using `new` (e.g. never used before) needles, syringes, and equipment reduces the risk of being infected with hepatitis C.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
24.	When people share needles, it's easier to get HIV than hepatitis C.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
25.	Hepatitis C can be spread when injecting drug users share their rinse water.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
26.	Bleaching needles is a safe way for injecting drug users to avoid getting hepatitis C.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
27.	It is possible to contract hepatitis C from re-using one's own equipment that no one else has used before.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
28.	People can get hepatitis C from sharing filters.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
29.	It's safe to share tourniquets.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
30.	It's safe to share spoons in the preparation of drugs for injecting.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
31.	Flushing injecting equipment with tap water will destroy the hepatitis C virus and makes it safe for others to reuse.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
32.	Flushing injecting equipment with boiling water will destroy the hepatitis C virus and makes it safe for others to reuse.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

		<b><u>TRUE</u></b>	<b><u>FALSE</u></b>	<b><u>DON'T KNOW</u></b>
<b>33.</b>	Sharing injecting equipment with others is safe as long as it's with people you know.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
<b>34.</b>	Using cotton filters when drawing up drugs into a syringe will filter out the hepatitis C virus.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
<b>35.</b>	People are still at risk of catching hepatitis C from using a shared needle that had not been used for over a month.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
<b>36.</b>	Cleaning the needle but not the syringe will get rid of the hepatitis C virus.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
<b>37.</b>	Washing hands before and after injecting will help people to prevent the risk of passing on hepatitis C.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
<b>38.</b>	People can get hepatitis C by injecting without ever sharing injecting equipment.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
<b>39.</b>	Hepatitis C can be transmitted by licking or sucking left over drugs from shared equipment (e.g. filters, mixing containers, plungers) in order to get another shot.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
<b>40.</b>	Hepatitis C can be spread by sharing drug preparing water.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
<b>41.</b>	Hepatitis C can be spread by sharing pipes when smoking drugs.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
<b>42.</b>	Hepatitis C can be spread by frontloading (shifting a drug solution from one syringe into another with the needle).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
<b>43.</b>	Hepatitis C can be spread by backloading (injecting drugs from one syringe into the back of another opened syringe).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
<b>44.</b>	Hepatitis C can be spread by wiping one's own injection site with an object (e.g. swab, tissue, hanky, towel) which had been used by another person.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
<b>45.</b>	Hepatitis C can be spread by touching an injection site (e.g. to feel for a vein, to wipe away, or to stop bleeding).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
<b>46.</b>	Babies born to hepatitis C pregnant women can be infected with hepatitis C at birth.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
<b>47.</b>	Hepatitis C can be given to someone during sexual intercourse.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
<b>48.</b>	Hepatitis C positive mothers are at risk of transmitting hepatitis C to their child through breastfeeding.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
<b>49.</b>	People can get hepatitis C by deep kissing, putting the tongue in the partner's mouth, if the partner has hepatitis C.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

		<b><u>TRUE</u></b>	<b><u>FALSE</u></b>	<b><u>DON'T KNOW</u></b>
<b>50.</b>	Women <u>cannot</u> get hepatitis C if they have sex during their period.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
<b>51.</b>	People can get hepatitis C from unprotected oral sex with another person.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
<b>52.</b>	Using a condom lowers people`s chance of getting hepatitis C through sexual intercourse.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
<b>53.</b>	People are more likely to get hepatitis C if they share sex toys.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
<b>54.</b>	Anal sex increases the risk of acquiring hepatitis C.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>

**THANK YOU. LASTLY, I WANT TO ASK YOU SOME QUESTIONS ABOUT DEPRESSION, ANXIETY AND STRESS.**

**Interviewer should now begin the DDSI computerised or paper version**

### **Acknowledgements**

Questions are included and adapted with permission from the following research:

Abou-Saleh M, Davis P, Rice P, Checinski K, Drummond C, Maxwell D, Godfrey C, John C, Corrin B, Tibbs C, Oyefeso A, de Ruiter M, Ghodse H. The effectiveness of behavioural interventions in the primary prevention of hepatitis C amongst injecting drug users: a randomised controlled trial and lessons learned. *Harm Reduct J.* 2008 Jul 31;5:25.

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## Qualitative interview topic guide

### Transmission knowledge

- How do/ did you get your information about HCV and how it is transmitted? (probe from partner, friend, health service etc.)
  - o How do you decide whether that information is correct?
  - o How do you keep up to date with information about HCV?

*If same researcher has completed quantitative interview with respondent READ “When we last met you told me that you were HCV +ve/-ve” (questions differ depending on response)*

*If different researcher has completed quantitative interview READ “You may already have been asked this question when you were last interviewed but I haven't seen your response. Are you HCV positive or negative?” (questions differ depending on response)*

### *HCV positive questions*

- Do you know how you got infected with HCV? (probe whom, did you know partner/ friends HCV status?)
  - o When was that?
  - o Did you know about HCV then? What did you know?
- Since you first found out you had HCV, have you changed your behaviour in any way? (probe for injecting and sexual behaviour, personal contact)
  - o What have you changed -
  - o Why? -

### *HCV negative*

- How do you think you have managed not to get infected with HCV? (probe partner/ friends HCV status?)
- Since you first found out about HCV, have you changed your behaviour in any way to avoid contracting HCV? (probe for injecting and sexual behaviour, personal contact)
  - o What have you changed -
  - o Why? -

## Injecting risk

Can you please talk me through a typical (but also probe for untypical) injecting scenario?

- Explore each stage of injecting and process of remaining safe from HCV:
  - o preparation of drugs -
  - o administration of drugs -
  - o 'aftermath' – including potential cleaning and disposal of equipment
- Explore who injecting with – injecting couples, dyads, groups and therefore explore sharing of equipment and potential risk of transmission. Important here to understand definitions of sharing, e.g. sharing with a (sexual) partner often not considered as sharing.
- Explore injecting initiation? (risk of contracting HCV high(est) in first few years of injecting.
- Explore any issues of power and/or dominance in injecting dyads/groups, esp in terms of gender. How do you decide who will prepare the drugs/what order people inject in?
  - o HCV status
  - o Experience of injecting
  - o Sexual partners/gender
  - o Trust and intimacy, deference and/or control
- Explore where injecting? Public injecting considered more risky so explore context and availability of sterile equipment
- Explore availability of clean needles/syringes and other sterile injecting equipment
- Are there situations when you may be more likely to take share preparation or injecting equipment? (to raise and issues of IPV and negative mood)

## Sexual risk

- How do you decide whether to use contraception with sexual partners? (probe type of contraception, whether this changed during relationship (e.g. trust and intimacy)
  - o Who negotiates the use or not of contraception
  - o Explore if partner/s IDU, has HCV.
- Are there any types of sex where you may be less or more likely to use a contraception? Why?
- Are there any times or situations when you have been unable to insist on the use of contraception during sex? (to raise and issues of IPV and negative mood)

## Partner involvement

As part of this project we will be developing and testing an intervention for female IDUs to reduce the sexual and injecting risks associated with HCV.

- Do you think this is a good idea?
- Would you participate in something like that?
- Would you prefer to participate in a group or on your own?
  - o Why/ why not?
- Do you think that women's partners should be included with them in this intervention?
  - o Why/ why not?